

**MULTIPLE-DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101599324

FILING DATE

092606

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2		1		
4		2		1		
5		2		1		
6		3		1		
7		3		1		
8		3		1		
9		3		1		
10		3	1			
11		3		1		
12		3		1		
13		3		1		
14	1	3		1		
15	1	3		1		
16	1	3		1		
17	1	3		1		
18		1	1			
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26	1	1		1		
27		1	1			
28		2	1			
29		1		1		
30		1		1		
31		1		1		
32				1		
33				1		
34				1		
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36				1		
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49						
50						
TOTAL IND.	3	↓	5	↓		↓
TOTAL DEP.	33	←	26	←		←
TOTAL CLAIMS	36		31			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						